

LOUISIANA SMALL BUSINESS EMERGENCY BRIDGE LOAN
APPLICATION

DATE _____ TOTAL AMOUNT REQUESTED \$ _____ APPLICATION # _____

Legal Business Name: _____ **Federal Tax I.D. #** _____

Address: _____ **State Tax I.D. #** _____
(Street)

(City) (Parish) (State/Zip) **Unemployment Compensation
Account #** _____

Telephone: _____ Date Business Started (Month/Year): _____

Fax No.: _____ Email Address: _____

Business Location (other than above):

Address: _____
(Street) (City)

(Parish) _____ (State/Zip) _____
Telephone: _____ Date Started This Location (Month/Year): _____

Fax: _____ Email: _____

Anticipated Area to Relocate: (check one)

- _____ Washington, Tangipahoa, St. Tammany
_____ Orleans, St. John, St. Charles
_____ Jefferson, St. Bernard, Lafourche, Plaquemines
_____ Calcasieu, Cameron, Vermilion
_____ Other Louisiana Parish
_____ Outside the State of Louisiana
_____ Plan to Stay in Current Location

Type of Business: (Describe) _____

Business Form: (Circle one): Sole Proprietorship Partnership S-Corp. C-Corp LLC LLP

Number of Full-Time Employees: _____

Majority Business Owners: *(Only the majority owner(s) may apply for this loan.)*

Full Name _____ Social Security # _____
Title: _____ Driver's License # _____
Percent Ownership: _____ Date of Birth _____

Home Address: _____
(Street)

(City) (Parish) (State/Zip)
Telephone: _____ Fax: _____ Email: _____

Credit and Financial Information:*

Annual Revenue: FY 200 _____ \$ _____ FY 200 _____ \$ _____
Total Payroll: \$ _____ \$ _____
Pre-Tax Income: \$ _____ \$ _____

*Attach additional information such as tax returns if available.

Banking Relationship: Bank Name: _____ Bank Officer: _____

Account #(s)/Type: _____ Telephone: _____

Other Credit/Vendor Relationships

Name: _____ Contact: _____

Account #(s)/Type: _____ Telephone: _____
(Attach additional information as needed)

[illegible]

(Attach additional information as needed)

Source of Repayment: (Circle as appropriate): Personal Funds Business Funds

Insurance Proceeds Bank Loan SBA Disaster Loan Other Government Loans

Other:

Requested Term: (Circle one) 90 days 180 days

Agreements and Certifications:

The undersigned, by signature on this document, verifies that the above information is true and complete, that he/she has authority to apply for this loan, and intends to repay with funds available to him/her or the business through insurance proceeds, cash flow from business, or other permanent financing which would be used to repay this loan. The undersigned understands that _____, and/or other financial institutions assisting LPFA in its administration of this loan program for the State of Louisiana, may investigate the credit of the applicant(s) for purposes limited to this application only, and hereby authorizes such investigation. The information on this application, and/or additional information obtained in connection with its processing, as authorized above, are confidential, and shall not be released to any party without the written permission of the applicant(s) except for audit review by State or federal agencies and upon request by financial institutions or agencies considering an extension of credit to the applicant(s). Misrepresentation of the above information could result in prosecution for fraud.

Signature: _____ Title: _____ Date: _____
(Sign in ink)

FOR USE IN LOAN PROCESSING ONLY: (Attach additional sheets as required.)

Application #: _____

Driver's License/Personal Identification Verified: _____

Tax Return(s) Attached: 200--- Personal _____ Business _____
200--- Personal _____ Business _____

Accepted as Complete: Date: _____ Time: _____

BY: _____ (Bank Representative)

Credit Report Comments:

Credit References and Other Comments:

Loan Committee Action: Date: _____ Approved (circle one): Yes No

Amount Approved: _____ Term: _____

Conditions: _____
